



## Request for Non-Standard Assessment Accommodation: 2012-13 Assessments

### Introduction

A list of approved accommodations for Indiana assessments is provided in *Appendix C* of the *Indiana Assessment Program Manual* (<http://www.doe.in.gov/achievement/assessment>). A non-standard assessment accommodation is one that is **NOT** identified in the *Indiana Assessment Program Manual*, and must be approved by the Indiana Department of Education. Requests must be made by the specific dates indicated below (based on testing windows). **IMPORTANT:** A separate, original form must be submitted for each individual student per testing window. Incomplete forms and/or forms requesting more than one window cannot be processed.

### Requirements

- The accommodation must be part of the student's IEP, Section 504 Plan, ILP, or Service Plan and used consistently in the classroom.
- The accommodation:
  - must not modify (change) the content being assessed;
  - must align with instructional practices; and
  - must specifically relate to the student's disability.

### Process

#### **Local**

- To request use of a non-standard assessment accommodation, the **CTC must complete and submit the form on page 2 of this document on or before the date indicated below (based on a particular testing window)** to the Office of Student Assessment **via fax at 317-233-2196**.
  - Be certain to respond to part 2 on the form, as the information documented there will be used, rather than a submission of the specific IEP, Section 504 Plan, ILP, or Service Plan.
  - If the request is for a paper version of the assessment, describe on part 3 of the form why the student cannot use the computer-based format. Be sure to explain how the specific disability or condition prevents the student from any use of technology for both instruction and assessment.
- Upon receipt of the request form, an email will be sent confirming receipt.

Submit a **Non-Standard Assessment Accommodation Request Form** for each appropriate testing window (form due date appears after each window).

Assessment	Form Due	Assessment	Form Due
ISTEP+ App Skills	January 7, 2013	ECA-Fall	August 27, 2012
ISTEP+ M/C	March 4, 2013	ECA-Early Winter	October 15, 2012
IMAST	March 4, 2013	ECA-Late Winter	December 17, 2012
IREAD-3 (Spring)	January 21, 2013	ECA-Spring	February 25, 2013
IREAD-3 (Summer)	TBA	ECA-Summer	April 25, 2013

#### **IDOE**

- The Director of Student Assessment will ensure review of requests.
- The results of the review will be communicated to schools/corporations approximately three weeks after receipt of the request.

**IMPORTANT:** The form on page 2 is used **ONLY for accommodations that are not listed** in the *Indiana Assessment Program Manual*.



# Indiana Department of Education

SUPPORTING STUDENT SUCCESS

## Non-Standard Assessment Accommodation Request Form: 2012-13

Select **ONE** testing window and applicable content area(s) (*due date appears after each window*):

Testing Window	Content Areas	Testing Window	Content Areas
<input type="checkbox"/> ISTEP+ App Skills (1-7-13)	<input type="checkbox"/> ELA <input type="checkbox"/> MA <input type="checkbox"/> SCI <input type="checkbox"/> SS	<input type="checkbox"/> ECA-Fall (8-27-12)	<input type="checkbox"/> Alg I <input type="checkbox"/> Eng 10 <input type="checkbox"/> Bio I
<input type="checkbox"/> ISTEP+ M/C (3-4-13)	<input type="checkbox"/> ELA <input type="checkbox"/> MA <input type="checkbox"/> SCI <input type="checkbox"/> SS	<input type="checkbox"/> ECA-Early Winter (10-15-12)	<input type="checkbox"/> Alg I <input type="checkbox"/> Eng 10 <input type="checkbox"/> Bio I
<input type="checkbox"/> IMAST (3-4-13)	<input type="checkbox"/> ELA <input type="checkbox"/> MA <input type="checkbox"/> SCI <input type="checkbox"/> SS	<input type="checkbox"/> ECA-Late Winter (12-17-12)	<input type="checkbox"/> Alg I <input type="checkbox"/> Eng 10 <input type="checkbox"/> Bio I
<input type="checkbox"/> IREAD-3—Spring (1-21-13)	N/A	<input type="checkbox"/> ECA-Spring (2-25-13)	<input type="checkbox"/> Alg I <input type="checkbox"/> Eng 10 <input type="checkbox"/> Bio I
<input type="checkbox"/> IREAD-3—Summer (TBD)	N/A	<input type="checkbox"/> ECA-Summer (4-25-13)	<input type="checkbox"/> Alg I <input type="checkbox"/> Eng 10

1) Indicate the non-standard assessment accommodation requested:

2) Respond to each question below by circling “Yes” or “No”:

Is the requested accommodation

- |   |     |    |
|---|-----|----|
| 1) documented in the student’s IEP, Section 504 Plan, ILP, or Service Plan? | Yes | No |
| 2) used consistently throughout classroom instruction and assessments?      | Yes | No |
| 3) needed for the student to access the general education curriculum?       | Yes | No |
| 4) one in which the student is proficient?                                  | Yes | No |

3) Provide rationale for paper version of the assessment, if applicable.

4) Date of Request: \_\_\_\_\_

Corporation Name and Number: \_\_\_\_\_

School Name(s) and Number(s): \_\_\_\_\_

CTC Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

5) By signing below, I affirm that the information provided can be verified at the request of the Indiana Department of Education.

CTC Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CTC Print Name: \_\_\_\_\_

**IMPORTANT:** Be sure to submit this request **on or before the date indicated above (based on a particular testing window)** to the Office of Student Assessment **via fax at 317-233-2196**.

If you have questions, please contact **Karen Stein**, Special Programs Assessment Specialist, at [kstein@doe.in.gov](mailto:kstein@doe.in.gov) or 317-232-9050.

\*\*\*\*\*

### FOR IDOE USE ONLY

\_\_\_\_ Approved \_\_\_\_ Not Approved Date: \_\_\_\_\_ Initials: \_\_\_\_\_